February 21, 2001

Community Groundwater Sanitary Survey Form

Date:_____ Date of last survey:_____

Inspector(s):_____, _____, _____

Utility Information

PWSID:_____

Utility name:_____ Contact person:_____

Mailing address:_____ Alternate contact:_____

_____ Telephone:_____

_____ Fax:_____

_____ Other phone:_____

Service Connections

Number of metered connections _____ Number of unmetered connections _____

Population _____

Operator Information

Utility superintendent: _____

Operators: _____ Class:*(circle one)* *I* *II* *III* *IV*

_____ Class:*(circle one)* *I* *II* *III* *IV*

_____ Class:*(circle one)* *I* *II* *III* *IV*

_____ Class:*(circle one)* *I* *II* *III* *IV*

Production Capacity

Average daily production (MGD)_____ Max. daily production(MGD)_____

Ave. daily production - winter (MGD)_____ Ave. daily production - summer (MGD)_____

Does the system have an operational master meter? ❑ yes ❑ no

List all communities served by the water system: _____

_____

Inspection Summary

Recommendations/requirements:

1. _____
2. _____
3. _____
4. _____
5. _____

Source and Pumping Information

	Name of Source	Well ID[1]	Yield (GPM)	Class[2]	Nearby contaminants
Source 1		__01			
Source 2		__02			
Source 3		__03			
Source 4		__04			
Source 5		__05			

[1] Choose one of the following numeric codes for first digit of the well ID number.

1. Bedrock well
2. Surficial Well
3. Dug well/well points
4. Surface water
5. Purchased
6. Spring

[2] Source classified as either active,backup or emergency

Wellhead Protection

Have plans been approved by geological services? _____

List contaminants within a 300' radius of well: _____

Raw Water Pumping

Pump number	1	2	3	4	5
Name of source					
Pump capacity (GPM)					
Horsepower rating					
Type of pump					
Manufacturer					
Last service date					
Condition of pump					

Finish Water Pumping

Pump number	1	2	3	4	5
Name of source					
Pump capacity (GPM)					
Horsepower rating					
Type of pump					
Manufacturer					
Last service date					
Condition of pump					

Chemicals

Check all that apply.

☐ Calcium hypochlorite ☐ Sodium hydroxide ☐ Chlorine gas ☐ Sodium silicate

☐ Sodium hypochlorite ☐ Zinc orthophosphate ☐ Sodium fluoride ☐ Silly acid (fluoride)

☐ Other

Draw a schematic diagram from source to distribution and label chemical feed points using numbers below.

Chemical Injection Methods

Pump #	1	2	3	4	5	6
Chemical						
Feed Type						
Make						

Are chemicals injected at a 45° angle from the bottom of the pipes? ❑ yes ❑ no

Does each chemical used have a separate spill containment system? ❑ yes ❑ no

Are all chemicals paced to flow? ❑ yes ❑ no

Are MSDS sheets present for each chemical? _____

Is the spill containment system adequate? _____

Are the chemical feed lines properly laid out? _____

_____

Recommendations: _____

_____

On-site Storage

Depth (ft): _____ Width (ft): _____ Length (ft): _____

Volume per unit: _____ Number of units installed: _____

Is on-site storage protected from chemical spills? _____

Can on-site storage be bypassed for cleaning/maintenance? _____

Is storage overflow screened properly? _____

Disinfection

Disinfectant used: _____ NSF approved? _____

Monthly reports submitted to DWP? _____

Chemical containment/safety equipment acceptable? _____

Is there a redundant chemical feed pump on site? _____

Does the system monitor disinfectant with a continuous, alarmed analyzer? _____

Air Stripping

Circle one of the following technologies: *Lowry* *Shallow Tray* *Packed Tower* *MSDBA* *Spray*

Manufacturer:_____

Is post aeration water disinfected? (*yes or no*)_____

Principle reason for air stripping:_____

Ion exchange

Purpose (softening, contaminant removal, etc.)_____

Contaminant(s) removed:_____

Resin type:_____

Is raw/treated water routinely monitored to determine historic removal effeciency? _____

How often is the unit serviced? _____

Other Treatment

Name:_____

Purpose:_____

_____

_____

Design parameter:_____

_____

_____

Recommendations: _____

_____

Distribution System

What and where is the low pressure point in the distribution system? _____

_____

How many limited service agreements does the system have? _____

Does the system have any pressure boosting stations?_____

Are plans of the water distribution system available and current? _____

Piping Material	Length	% of Total
Plastic		
Cast iron		
Ductile iron		
Concrete		
Galvanized Steel		
Asbestos Cement		
Other		
Total length		

How often is the system flushed? spring fall both

Are dead ends in the system are monitored for contamination? _____

How many hydrants does the system own? _____ Are they all plugged? _____

How many people are employed for distribution system maintenance?_____

Is the distribution maintenance crew appropriate for the size of the network? ❑ yes ❑ no

Do distribution personnel have the proper equipment? ❑ yes ❑ no

Are valves regularly exercised? ❑ yes ❑ no

Does the system have a capital improvement plan? ❑ yes ❑ no

Are plastic lines covered with a tracer wire for easy location? ❑ yes ❑ no

Does the system have an active leak detection program? ❑ yes ❑ no

Cross Connection Control

Does the utility have a cross connection control program? (*yes or no*) Examine the written program.

Are approved backflow prevention devices installed at the following locations?

Nursing Homes Hospitals Dentists' Offices Doctors' Offices

Manufacturing Plants Auto Garages Water Treatment Plants Waste Treatment Plant

Fire Stations other areas _____

How often are these devices checked? _____

Are approved double-check assemblies installed in all new residential services? *(yes/no)* Type: _____

Recommendations: _____

_____

_____

Storage Tanks

Name of storage tank:				
Location of tank				
Volume of storage (gallons)				
Type of tank				
Manufacturer				
Date of construction				
Date of last inspection				
Is the site protected from vandalism?				
Can the tank be isolated from the system?				
Are overflows/drains screened properly?				
General tank condition: (good, bad, ugly)				

How many days of storage does the system have? _____ days

Storage tank notes: _____

_____

Sampling

Total Coliform Rule:

How often are bacteriological samples taken?_____

How often should samples be taken , based on population data?_____

Does the D.W.P. have a sampling site plan on file? _____

Summary of PUC regulations, Chapter 62 re. Meter Testing Frequency
Unless permitted otherwise a water company shall adopt the schedule shown below for routine testing of meters:"

Nominal Size of Meter	Years	Cubic Feet
5/8"	8	100,000
3/4"	8	150,000
1"	8	300,000
1 1/2"	6	-
2"	6	-
3"	4 Field	-
4"	2 Field	-
6"	1 Field	-

TC monitoring frequency for community water systems

Population range		# of samples per month
25	1000	1
1001	2500	2
2501	3300	3
3301	4100	4
4101	4900	5
4901	5800	6
5801	6700	7
6701	7600	8
7601	8500	9
8501	12900	10
12901	17200	15
17201	21500	20